

FILE NO: _____ SIC CODE (S): _____ CATEGORICAL STD: _____
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## INDUSTRIAL PRETREATMENT FACILITY PERMIT APPLICATION

APPLICATION FOR PERMIT TO CONSTRUCT \_\_\_\_\_, TO OPERATE \_\_\_\_\_, ALL INDUSTRIAL WASTE POLLUTION SOURCES.

**Name of Establishment:** \_\_\_\_\_

**Location:** \_\_\_\_\_ Standard Industrial Classification Code(s) (SIC): \_\_\_\_\_

Type of Business: \_\_\_\_\_ Folio No. \_\_\_\_\_

Owner or Authorized Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Estimated Time for Completion of Construction: \_\_\_\_\_ Expected Date to Start Operation: \_\_\_\_\_

Certificate of Occupancy No. \_\_\_\_\_ Occupational License No. \_\_\_\_\_

New Source \_\_\_\_\_ Existing Source \_\_\_\_\_ Modification \_\_\_\_\_ Relocation \_\_\_\_\_

Days per year in Operation \_\_\_\_\_

No. of Shifts \_\_\_\_\_ (Normally, per day)

Days per week in Operation \_\_\_\_\_

Seasonal Operation From \_\_\_\_\_ To \_\_\_\_\_

Hours per day in Operation \_\_\_\_\_

Finished Products \_\_\_\_\_

Employees per shift \_\_\_\_\_

Estimated Production Rate: \_\_\_\_\_

Type of Waste Generated (Check all that apply)		Type of Material Stored (Check all that apply)	
<input type="checkbox"/>	Acids	<input type="checkbox"/>	Acids
<input type="checkbox"/>	Waste Oil	<input type="checkbox"/>	Oil
<input type="checkbox"/>	Solvents	<input type="checkbox"/>	Solvents
<input type="checkbox"/>	Wastewater From Stream Cleaning Operation	<input type="checkbox"/>	Caustics
<input type="checkbox"/>	Dry Cleaning Liquids	<input type="checkbox"/>	Dry Cleaning Liquids
<input type="checkbox"/>	Transmission Fluid	<input type="checkbox"/>	Transmission Fluid
<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Chemicals
<input type="checkbox"/>	Pigments	<input type="checkbox"/>	Pigments
<input type="checkbox"/>	Pesticides	<input type="checkbox"/>	Pesticides
<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>	Other (Please Specify)

### IMPORTANT NOTES:

- Any change of location, ownership of establishment, process modification, equipment, flow or storage capacity require new permit.
- Notify DERM Wastewater Section in advance to obtain the required permit within ten (10) days.

Miami-Dade County Department of Environmental Resources Management  
Wastewater Section – Industrial Waste Pretreatment Program

**Name of Company** \_\_\_\_\_

**List the sequence and name the treatment units and disposal systems and specify the number, dimensions, capacity and design criteria. Use additional sheets if necessary.**

<b>TREATMENT OR DISPOSAL UNITS</b>	<b>DIMENSIONS, AREAS, CAPCITIES, ASSOCIATED EQUIPMENT AND OTHER DESCRIPTIVE DATA</b>	<b>DESIGN CRITERIA</b>

**STATE IF AND WHEN ANY TREATMENT UNITS WILL BE BYPASSED:**\_\_\_\_\_



Miami-Dade County Department of Environmental Resources Management  
Wastewater Section – Industrial Waste Pretreatment Program

Name of Company \_\_\_\_\_

**Raw Waste Characteristics**

Total Flow	Domestic	Industrial	Total
Average	_____ GPD	_____ GPD	_____ GPD
Maximum	_____ GPD	_____ GPD	_____ GPD
Maximum	_____ GPM	_____ GPM	_____ GPM

**I. GENERAL**

**Water Supply:**

1. Sources :

Utility Company Name: \_\_\_\_\_ Number of Own Wells \_\_\_\_\_

2. Volume Used Cuber Feet per Month \_\_\_\_\_ or Gallon per Month \_\_\_\_\_

**Storm Water Disposal:**

1. Surface Water Disposal \_\_\_\_\_

2. Ground Disposal \_\_\_\_\_

3. Sanitary Sewer Disposal \_\_\_\_\_

4. Other \_\_\_\_\_

**Effluent Disposal:**

**1. Surface Water Disposal (If any)**

River \_\_\_\_\_, Canal \_\_\_\_\_, Ditch \_\_\_\_\_, Lake \_\_\_\_\_, Bay \_\_\_\_\_, Ocean \_\_\_\_\_

Give name of receiving body and location of effluent point:

\_\_\_\_\_  
\_\_\_\_\_

**2. Ground Disposal (If any)**

Soakage Pit \_\_\_\_\_ State Permit Number \_\_\_\_\_

Percolation Pond \_\_\_\_\_

Septic Tank \_\_\_\_\_

Groundwater monitoring wells on-site: \_\_\_\_\_

(Attach sketch of locations)

**3. Public Sewer System**

Location of Sewer Connection: (Provide it on the Site Map/Sketch) \_\_\_\_\_

Size of abutting sewer: Gravity \_\_\_\_\_ Forcemain \_\_\_\_\_

Pump Station Receiving Flow: \_\_\_\_\_

Maximum Total Discharge: \_\_\_\_\_ GPM

Is Sewage Flow Metered: \_\_\_\_\_ How: \_\_\_\_\_

**Name of Company** \_\_\_\_\_

**4. Holding Tanks:**

Capacity of Tank : \_\_\_\_\_

Location: Underground \_\_\_\_\_

Aboveground \_\_\_\_\_

Spill Prevention Countermeasure and Control Plan (SPCCP) must be submitted for all aboveground storage tanks over 5,000 gallon capacity. (See attached SPCCP)

Secondary containment provided for \_\_\_\_\_

Holding Capacity of Containment Area \_\_\_\_\_

Other Information:

Hazardous Waste Generate EPA ID No. \_\_\_\_\_

**Liquid Waste:**

Disposed of in drums or containers. Attach copy of analysis and/or Hazardous Waste Profile Sheet.

1. Composition: \_\_\_\_\_

2. Quantity per week: \_\_\_\_\_

3. Method and location of disposal:

\_\_\_\_\_  
\_\_\_\_\_

4. Name of disposal company: \_\_\_\_\_

5. Describe measures in use at the plant for waste reduction and/or reuse:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Solid Waste:**

1. Composition: \_\_\_\_\_

2. Quantity per week: \_\_\_\_\_

3. Method and location of disposal:

\_\_\_\_\_  
\_\_\_\_\_

4. Name of disposal company: \_\_\_\_\_

**Sludge Disposal:**

1. List sludge treatment units:

\_\_\_\_\_  
\_\_\_\_\_

Miami-Dade County Department of Environmental Resources Management  
Wastewater Section – Industrial Waste Pretreatment Program

**Name of Company** \_\_\_\_\_

2. Volume and composition of final sludge disposal: (Attach copy of analysis)

\_\_\_\_\_

3. Method and location of ultimate sludge disposal: \_\_\_\_\_

4. Name of disposal company: \_\_\_\_\_

(Include manifests of hazardous waste disposals in the previous six months).

**III. OPERATION**

Name of Operations & Supervisors	Qualifications	Telephone

**III. CERTIFICATIONS**

**1. Applicant**

I, the undersigned owner or authorized representative of \_\_\_\_\_

am familiar with this facility and I am fully aware that the statements made in this application are true, correct and complete to the best of my knowledge and belief.

Name of Owner / Responsible Official: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Professional Engineer Registered in Florida**

I hereby certify that the engineering features of this facility industrial waste pretreatment system have been designed by me or an individual(s) under my direct supervision in conformity with sound engineering principles and good engineering practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Florida Registration Number (Please Type)

\_\_\_\_\_  
Address (Please Type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**Name of Company** \_\_\_\_\_

**3. Statement by Utility**

The undersigned states that existing collection and transmission system has sufficient capacity to serve this system when completed, and that the facility is not under a moratorium of any kind.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (Please Type)

\_\_\_\_\_  
Address (Please Type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**4. Statement by Miami-Dade Water and Sewer Department**

The undersigned states that \_\_\_\_\_ treatment plant has sufficient capacity to provide wastewater treatment to serve this system when completed, that the treatment plant will operate in compliance with Florida Administrative Code Rule 17-6, and any other applicable regulations, and that the facility is not under a moratorium of any kind.

Existing plant capacity (MGD) \_\_\_\_\_

Existing plant flow (MGD) (from operation reports) \_\_\_\_\_

Discharge Characteristics:

For this permit:

Flow \_\_\_\_\_ MGD

BOD \_\_\_\_\_ mg/L

TSS \_\_\_\_\_ mg/L

pH \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (Please Type)

\_\_\_\_\_  
Address (Please Type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number